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	Substitute	for Form PTO-876	Effective December	8, 2004	175	9/20	al Humber
APPL	ICATION AS FILED (Column 1)	- PART ( (Column 2)	SMALL	ENTITY		OTI	IER THAN
FOR	NUMBER FILED		OMALL	CHILLA	OR	SMA	LL ENTITY
BASIC FEE	NA	NUMBER EXTRA	RATE (1)	FEE (3)		RATE (\$)	
(3) CFR 1.16(a), (b), $\infty$ (c)) SEARCH FEE		N/A	N/A	150.00	,	NA NA	
(37 CFR 1 16(H, f), or (m))	· N/A	NA.	· N/A	\$250			300.00
EXAMINATION FEE (3) CFR 1.16(4, (p), or (q)) TOTAL CLAIMS	NA	1 NIA	N/A	\$100		N/A	\$500
(3) CFR 1.16(f))	minut 30 =	•	X\$ 25			NVA	\$200
INDEPENDENT CLAIMS (37 CFR 1.16(N))					.OR	X\$50 .	
2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	s Caunim		X100			X200	
APPLICATION SIZE FEE (37 CFR 1.16(s))  If the specification and dn sheets of paper, the appli is \$250 (\$125 for small en additional 50 sheets or fra 35 U.S.C. 41(a)(1)(G) and		plication size fee due entity) for each fraction thereof. See nd 37 CFR 1.16(s)					
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(II))			+180=			5.0.0	
"Mithe difference in column 1 is less than zero, enter "0" in column 2.			┙ ┗━━━━━━━━━━━━━━━━━━━━━━━━━━━━━━━━━━━━		Ŀ	+360=	
APPLICATION AS AMENDED - PART II			TOTAL			TOTAL	
, TIONII	ON Y2 WWENDED -	PART II	* -				
A M REM	AIMS HIG	HEST PRESENT. HOUSLY EXTRA	SMALL E	ADDI-	OR	OTHER SMALL	THAN ENTITY
Application Size Fee (37	DMENT PAIL	OUSLY EXTRA		TIONAL FEE (\$)		RATE (\$)	ADDI- TIONAL FEG(\$)
Independent Z 07 CFR 1.16hly	Minus. ***		X\$ 25	/	<sub>R</sub> X	\$50 a	
Application Size Fee (37	CER 1 16(2)	41	X100 =		R X	200	/
			" <del> -</del>		-		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.160)			+180=	7		360=	
			TOTAL	<del>/</del> -/ °	خيا	TAL	
(Colum	n 1)		ADD'L FEE	<u></u> о	R AC	DULFEE	
CLAI	MS HIGH	Imn 2) (Column 3)				/· . <del>-</del>	
REMAII AFTE	R NUM	BER   PRESENT	RATE (\$)	ADDI:			
Total -	MEN). PAID			TONAL		ATE (\$)	ADDI- TIONAL .
(37 CFR 1.16(1)	Minus: **	*	X\$ 25 .	EE (1)			FEE (\$)
Independent D7 OFR 1.16(h))	Minus ***	= =		OR	X\$	50	
Application Size Fee (37 CFR 1.16(s))			X100 "	OR.	X2	00.	
FIRST PRESENTATION OF M							
4	+180=	OR	+3	60=			
•			TOTAL.		<u> </u>		
t Il ine entry in column 1 is ke t the "Highest Number Prev" if the Highest Number Prev	ADD'L FEE	OR	ADD	AL L FEE			
II UNO. THEIR BEST Number Day	viously Paid For IN THIS S Hously Paid For IN THIS SP Busly Paid For (Tolal or Ind	MUC IS 1855 than 20, an	ter "20". r "3".		.*•		

This collection of Information is required by 37 CFR 1.16. The Information is required to obtain or retain a barget by the public which is to life (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to completed including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the Individual case. Any comments on the amount of time you require to complete this form end/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patient and Trademark Office, U.S. Dependment of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TQ: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22313-1450.